

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # _____

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing		1/28/05	\$ 50
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue ^o			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT
OF REFUND \$ 50

8 TO BE REFUNDED BY:

10 REASON:	<input checked="" type="checkbox"/> Treasury Check
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment	9 1 9 -- 0 0 8 9
<input type="checkbox"/> No Fee Due (Explanation):	

11 REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: John Anderson TITLE: Paralegal Specialist

SIGNATURE: John Anderson PHONE: 308-9140 ext 261

OFFICE: PCT/DO/EO

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APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: